## Case 23-16158-SLM Doc 1 Filed 07/19/23 Entered 07/19/23 16:10:13 Desc Main Document Page 1 of 54

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF NEW JERSEY	-	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's	Danielle First name L	-	First name
	license or passport).	Middle name	_	Middle name
	Bring your picture identification to your	Downs		
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	_	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years			
	Include your married or maiden names and any assumed, trade names and doing business as names.	Danielle Leigh Downs Danielle Downs		
	Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4981		

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Debtor 1 Danielle L Downs Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Your Employer Identification Number (EIN), if any.	EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		213B Halladay Street  Jersey City, NJ 07304  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Hudson County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 Danielle L Downs Case number (if known)

7.	The chapter of the Bankruptcy Code you are			escription of each, see <i>Notice Required by</i> the top of page 1 and check the appropriat	11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box.			
	choosing to file under	☐ Chapter 7						
		☐ Ch	napter 11					
		☐ Ch	napter 12					
		■ Ch	napter 13					
В.	. How you will pay the fee		about how you ma	y pay. Typically, if you are paying the fee you are paying the fee you are payment on your beh	k with the clerk's office in your local court for more details burself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with			
				fee in installments. If you choose this optionstallments (Official Form 103A).	on, sign and attach the Application for Individuals to Pay			
			I request that my but is not required applies to your fan	fee be waived (You may request this optio to, waive your fee, and may do so only if yo illy size and you are unable to pay the fee in	n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line that installments). If you choose this option, you must fill out			
			the Application to	Have the Chapter 7 Filing Fee Waived (Offic	cial Form 103B) and file it with your petition.			
<b>)</b> .	Have you filed for bankruptcy within the last 8 years?	■ No						
	•		District	When	Case number			
			District	When	Case number			
			District	When	Case number			
0.	Are any bankruptcy cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Ye	S.					
			Debtor		Relationship to you			
			District	When	Case number, if known			
			Debtor		Relationship to you			
			District	When	Case number, if known			
11.	Do you rent your residence?	■ No	Go to line 1	2.				
		☐ Ye	s. Has your la	dlord obtained an eviction judgment agains	t you?			
			☐ No.	Go to line 12.				
			☐ Yes	EU . 1 32 1 04	Judgment Against You (Form 101A) and file it as part of			

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Document Page 4 of 54 Case number (if known) Debtor 1 Danielle L Downs Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to Chapter 11 of the proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, Bankruptcy Code, and are you a small business cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. debtor or a debtor as § 1116(1)(B). defined by 11 U.S. C. § I am not filing under Chapter 11. No. 1182(1)? For a definition of small I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. business debtor, see 11 U.S.C. § 101(51D). I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and ☐ Yes. I do not choose to proceed under Subchapter V of Chapter 11. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I ☐ Yes. choose to proceed under Subchapter V of Chapter 11. Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own perishable goods, or

Number, Street, City, State & Zip Code

Where is the property?

livestock that must be fed.

or a building that needs urgent repairs?

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Debtor 1 Danielle L Downs Case number (if known)

\_\_\_\_

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Danielle L Downs			Case numb	PET (if known)			
Part	6: Answer These Quest	ions for R	eporting Purposes					
16.	What kind of debts do you have?	16a.		onsumer debts? Consumer debts are de	fined in 11 U.S.C. § 101(8) as "incurred by an			
			□ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.		isiness debts? Business debts are debts stment or through the operation of the bu				
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you ov	we that are not consumer debts or busine	ess debts			
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter	7. Go to line 18.				
	Do you estimate that after any exempt	☐ Yes.		To you estimate that after any exempt pro ailable to distribute to unsecured creditors	perty is excluded and administrative expenses s?			
	property is excluded and administrative expenses		□No					
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-1 □ 200-9		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000			
19.	How much do you estimate your assets to be worth?	□ \$100,0	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
20.	How much do you estimate your liabilities to be?	<b>\$100</b> ,	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
Part	7: Sign Below							
For	you	If I have of United St United St If no attordocument I request I understant bankrupte and 3571	chosen to file under Chapter 7, ates Code. I understand the remey represents me and I did not, I have obtained and read the relief in accordance with the cland making a false statement, by case can result in fines up to	elief available under each chapter, and I of ot pay or agree to pay someone who is notice required by 11 U.S.C. § 342(b). hapter of title 11, United States Code, speconcealing property, or obtaining money	e, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.  ot an attorney to help me fill out this ecified in this petition.			
		Danielle	elle L Downs L Downs of Debtor 1	Signature of Debt	or 2			
		Executed	on <b>July 19, 2023</b> MM / DD / YYYY	Executed on MI	M / DD / YYYY			

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Debtor 1 Danielle L Downs Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Jenee C	Ciccarelli	Date	July 19, 2023	
Signature of	Attorney for Debtor		MM / DD / YYYY	
Jenee Cico	carelli			
Printed name				
Ciccarelli I	Law, PC			
Firm name				
239 New R	ld.			
Bldg A Sui	ite 301			
Parsippan	y, NJ 07054			
Number, Street,	City, State & ZIP Code			
Contact phone	973-737-9060	Email address	info@jc-lawpc.com	
028182008	NJ			
Bar number & St	ate		<del></del>	

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Fill in this infor	mation to identify your	case:		
Debtor 1	Danielle L Downs	<b>i</b>		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JER	SEY	
Case number				
(if known)				

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

you	original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	586,800.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	58,813.62
	1c. Copy line 63, Total of all property on Schedule A/B	\$	645,613.62
Par	2: Summarize Your Liabilities		
			liabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	210,269.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	119,127.00
	Your total liabilities	\$	329,396.00
Par	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,210.83
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,617.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other so	chedules.
7.	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Debtor 1 Danielle L Downs

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

10,086.60

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	119,127.00
<ol> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)</li> </ol>	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	119,127.00

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				Docu	ument	Page 10 of 54				
Fill ir	n this informatio	n to identify you	ır case and th	is filing:	:					
Debte		anielle L Dowi								
Debte		rst Name	Middle	e Name		Last Name				
		rst Name	Middle	Name		Last Name				
Unite	ed States Bankrup	otcy Court for the:	DISTRICT	OF NEW	V JERSEY					
Case	number					_				Check if this is an amended filing
Sc n eacl hink i	h category, separa t fits best. Be as o	VB: Pro Itely list and descriptions and accuracy.	ibe items. List a	le. If two n	married peop	an asset fits in more than one le are filing together, both are he top of any additional pages	equally resp	onsible for su	the cat	correct
Part 1	_	Residence, Buildi	ng, Land, or Otl	her Real I	Estate You O	wn or Have an Interest In				
	No. Go to Part 2.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1.1	No. Go to Part 2. Yes. Where is the p			What i		<b>ty?</b> Check all that apply				
1.1	No. Go to Part 2. Yes. Where is the p		on .	What i	Single-family Duplex or mu Condominium	<b>ty?</b> Check all that apply home ulti-unit building n or cooperative	the amoun	nt of any secure	d claims	exemptions. Put s on Schedule D: ured by Property.
1.1	No. Go to Part 2. Yes. Where is the p	r <b>Street</b> able, or other description	7304-0000 ZIP Code	□ ■	Single-family Duplex or mu Condominium	ty? Check all that apply home  Ilti-unit building n or cooperative d or mobile home	Current va	nt of any secure Who Have Clair alue of the	d claims ns Secu Curre	s on Schedule D: ured by Property. ent value of the on you own?
1.1	No. Go to Part 2.  Yes. Where is the part 2.  213B Halladay  Street address, if avail	r Street able, or other description	7304-0000		Single-family Duplex or mu Condominium Manufactured Land Investment p Timeshare Other has an interes	ty? Check all that apply home ulti-unit building n or cooperative d or mobile home property st in the property? Check one	Current va entire pro \$5.	alue of the perty? 86,800.00 the nature of y ee simple, ten: te), if known.	Curre porti	s on Schedule D: ured by Property.
1.1	No. Go to Part 2.  Yes. Where is the part 2.  213B Halladay  Street address, if avail	r Street able, or other description	7304-0000	Who h	Single-family Duplex or mu Condominium Manufactured Land Investment p Timeshare Other	ty? Check all that apply home ulti-unit building n or cooperative d or mobile home property st in the property? Check one	Current va entire pro \$5. Describe (such as f a life estar	alue of the perty? 86,800.00 the nature of y ee simple, ten: te), if known.	Curre porti	s on Schedule D: ured by Property.  ent value of the on you own? \$586,800.00  nership interest

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Case nur	nber (it known)	
les		
		laims or exemptions. Put
tn		ed claims on Schedule D: ims Secured by Property.
	urrent value of the	Current value of the
		portion you own?
f the debtors and another		
	\$15,167.00	\$15,167.00
· · · · · · · · · · · · · · · · · · ·	>	\$15,167.00  Current value of the portion you own?  Do not deduct secured
re		claims or exemptions.
d Bedroom Furniture		\$1,000.00
nes	nners; music collecti	
ops		\$1,500.00
work; books, pictures, or other art object	s; stamp, coin, or ba	aseball card collections;
work; books, pictures, or other art object		
	erest in the property? Check one  Debtor 2 only of the debtors and another  is community property is)  and vehicles, other vehicles, and accesses, snowmobiles, motorcycle accesses entries from Part 2, including any entre  me following items?  debtor 2 only entry entry and accesses  description of the property? Check one  Debtor 2 only entry entry and accesses  description of the property? Check one  Debtor 2 only entry entry and accesses  description of the property? Check one  Debtor 2 only entry entry and accesses  description of the property? Check one  Debtor 2 only entry entry and accesses  description of the property of the property entry and accesses  description of the property entry entry and accesses  description of the property entry e	Do not deduct secured of the amount of any secur Creditors Who Have Cla  Current value of the entire property?  It is community property  It is comm

Official Form 106A/B Schedule A/B: Property page 2

■ No

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Institution name: Yes.....

17.3. **Savings** 

\$3,207.70 Checking Wells Fargo Wells Fargo \$22,095.90 17.2. Savings

**Liberty Savings Credit Union** 

\$4.896.50

Official Form 106A/B Schedule A/B: Property page 3 Case 23-16158-SLM Doc 1 Filed 07/19/23 Entered 07/19/23 16:10:13 Desc Main Document Page 13 of 54

De	ebtor 1	Danielle L Downs		Case number (if known)	
18.		, mutual funds, or publicly to bles: Bond funds, investment		ge firms, money market accounts	
		Ins	titution or issuer name	9:	
		W	ells Fargo Mutual I	Fund	\$603.92
19.	joint v		erests in incorporate	d and unincorporated businesses, including an interest in an	LLC, partnership, and
	■ No □ Yes.	Give specific information abo	out themof entity:	% of ownership:	
20.	Negotia	able instruments include pers	onal checks, cashiers	e and non-negotiable instruments ' checks, promissory notes, and money orders. r to someone by signing or delivering them.	
	_	Give specific information abo Issuer			
21.		nent or pension accounts oles: Interests in IRA, ERISA,	Keogh, 401(k), 403(b)	), thrift savings accounts, or other pension or profit-sharing plans	
	Yes. I	List each account separately Type of a		Institution name:	
		Pension	1	Pension Through Employer (Unknown)	Unknown
				Wells Fargo Advisors for William Ortiz and Benicio Ortiz	\$9,302.60
22.	Your sl		ou have made so that	you may continue service or use from a company c utilities (electric, gas, water), telecommunications companies, or	others
	■ No □ Yes.			Institution name or individual:	
23.		ies (A contract for a periodic	payment of money to	you, either for life or for a number of years)	
	■ No □ Yes	lssuer name a	nd description.		
24.		s in an education IRA, in an C. §§ 530(b)(1), 529A(b), and		ed ABLE program, or under a qualified state tuition program.	
	☐ Yes	Institution nam	ne and description. Se	parately file the records of any interests.11 U.S.C. § 521(c):	
	■ No	equitable or future interes  Give specific information abo		than anything listed in line 1), and rights or powers exercisab	ole for your benefit
26.	_Examp	s, copyrights, trademarks, toles: Internet domain names,		her intellectual property om royalties and licensing agreements	
	■ No □ Yes.	Give specific information abo	out them		
	Examp  ■ No	es, franchises, and other goles: Building permits, exclusions	ve licenses, cooperati	ve association holdings, liquor licenses, professional licenses	
	<b>—</b> 100.	One apecine intermation abo	out them		

Money or property owed to you?Current value of theOfficial Form 106A/BSchedule A/B: Propertypage 4

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Debtor	Danielle L Downs	Case number (if known)	
			portion you own?  Do not deduct secured claims or exemptions.
	x refunds owed to you  No  Yes. Give specific information about them, including whether you alro	eady filed the returns and the tax years	
Ex ■ N	mily support  camples: Past due or lump sum alimony, spousal support, child supple  lo  'es. Give specific information	oort, maintenance, divorce settlement, property	settlement
Ex ■ N	ner amounts someone owes you  camples: Unpaid wages, disability insurance payments, disability ber  benefits; unpaid loans you made to someone else  lo  Yes. Give specific information	nefits, sick pay, vacation pay, workers' compe	nsation, Social Security
31. Into	erests in insurance policies  camples: Health, disability, or life insurance; health savings account	(HSA); credit, homeowner's, or renter's insurar	nce
	Company name:	Beneficiary:	Surrender or refund value:
If y so ■ N	y interest in property that is due you from someone who has di you are the beneficiary of a living trust, expect proceeds from a life in meone has died.  No Yes. Give specific information		eive property because
Ex ■ N	nims against third parties, whether or not you have filed a lawsus amples: Accidents, employment disputes, insurance claims, or right No Yes. Describe each claim		
	ner contingent and unliquidated claims of every nature, including No Yes. Describe each claim	ng counterclaims of the debtor and rights to	set off claims
	y financial assets you did not already list lo 'es. Give specific information		
	dd the dollar value of all of your entries from Part 4, including a or Part 4. Write that number here		\$40,106.62
Part 5:	Describe Any Business-Related Property You Own or Have an Interest	In. List any real estate in Part 1.	
■ No	you own or have any legal or equitable interest in any business-related po. Go to Part 6.	property?	
∐ Ye	es. Go to line 38.		
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You Ov If you own or have an interest in farmland, list it in Part 1.	vn or Have an Interest In.	
46. <b>Do</b>	you own or have any legal or equitable interest in any farm- or	commercial fishing-related property?	

No. Go to Part 7.

Case 23-16158-SLM Doc 1 Filed 07/19/23 Entered 07/19/23 16:10:13 Desc Main Page 15 of 54 Document Debtor 1 Case number (if known) **Danielle L Downs** ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ..... \$586,800.00 Part 2: Total vehicles, line 5 \$15,167.00 57. Part 3: Total personal and household items, line 15 \$3,540.00 Part 4: Total financial assets, line 36 58. \$40,106.62 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00

\$58,813.62

Copy personal property total

\$58,813.62

\$645,613.62

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

62.

Official Form 106A/B Schedule A/B: Property page 6

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Fill in this inform	mation to identify your	case:		
Debtor 1	Danielle L Downs	•		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	DISTRICT OF NEW JER	SEY	
Case number				
(if known)				☐ Check if this is an
				amended filing

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify the Property	You Claim as Exempt

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)								
■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption				
		Copy the value from Schedule A/B	Check only one box for each exemption.					
	2018 Honda Accord 99000 miles Line from Schedule A/B: 3.1	\$15,167.00		\$4,450.00	11 U.S.C. § 522(d)(2)			
	Line Ironi Schedule AVB. 3.1			100% of fair market value, up to any applicable statutory limit				
	Living Room, Dining Room and Bedroom Furniture	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)			
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit				
	Cell Phone, 4 TVs and 2 Desktops Line from Schedule A/B: 7.1	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(3)			
	Line Ironi Schedule AVB. 7.1			100% of fair market value, up to any applicable statutory limit				
	Used Clothing, Outerwear and Shoes Line from Schedule A/B: 11.1	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)			
	Line IIIIII Schedule AVD. 11.1			100% of fair market value, up to any applicable statutory limit				
	2 Cats Line from Schedule A/B: 13.1	\$40.00		\$40.00	11 U.S.C. § 522(d)(3)			
	LINE HOTH SCHEUUIE AVD. 13.1			100% of fair market value, up to any applicable statutory limit				

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Del	btor 1 Danielle L Downs		Case number (if known)			
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption		
		Copy the value from Schedule A/B	eck only one box for each exe	emption.		
	Checking: Wells Fargo Line from Schedule A/B: 17.1	\$3,207.70	<b>\$3,207.70</b>		11 U.S.C. § 522(d)(5)	
	Line IIIIII Schedule AVD. 17.1		100% of fair market value, up to any applicable statutory limit			
	Savings: Wells Fargo Line from Schedule A/B: 17.2	\$22,095.90	\$12,217.30  100% of fair market value, up to any applicable statutory limit		11 U.S.C. § 522(d)(5)	
	Line IIIIII Schedule AVD. 17.2					
	Pension: Pension Through Employer (Unknown)	Unknown		\$0.00	11 U.S.C. § 522(d)(12)	
	Line from Schedule A/B: 21.1		100% of fair market value, up to any applicable statutory limit			
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/25 and every 3 No  Yes. Did you acquire the property covered.	3 years after that for ca		,	,	
	□ No	ed by the exemption wi	,213 days before you file	u tilis case	•	
	Π Voc					

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			Document	Page 1	0 01 34		
Fill in t	his informat	tion to identify you	r case:				
Debtor	_	Danielle L Dowr	Niddle Name	Last Name			
Debtor 2		FIIST Name	Middle Name	Lastinaille			
(Spouse if	_	First Name	Middle Name	Last Name			
United S	States Bankr	ruptcy Court for the:	DISTRICT OF NEW JERSEY				
Case nu	umber						****
(if known)							t if this is an ded filing
Officia	al Form	106D					
			Who Have Claims	Sacura	d by Property	,	12/15
					<u> </u>		
is needed			f two married people are filing togeth out, number the entries, and attach it				
1. Do any	creditors ha	ve claims secured by	your property?				
	No. Check th	is box and submit th	nis form to the court with your other	schedules.	You have nothing else to	report on this form.	
	es. Fill in al	I of the information I	pelow.				
Part 1:	List All S	ecured Claims					
for each	claim. If more	than one creditor has	nore than one secured claim, list the cre a particular claim, list the other creditors cal order according to the creditor's nam	s in Part 2. As	Amount of claim Do not deduct the	Value of collateral that supports this	Column C Unsecured portion
S	elect Portfe	olio			value of collateral.	claim	If any
	ervicing, Ir	nc	Describe the property that secures t	the claim:	\$210,269.00	\$586,800.00	\$0.00
Cre	editor's Name		213B Halladay Street Jersey 07304 Hudson County	City, NJ			
	ttn: Bankrı		As of the date you file, the claim is:	Check all that			
	o Box 6525 alt Lake Ci	50 ty, UT 84165	apply.				
		y, State & Zip Code	☐ Contingent☐ Unliquidated				
			Disputed				
	es the debt	? Check one.	Nature of lien. Check all that apply.				
■ Debto			☐ An agreement you made (such as rear loan)	mortgage or s	ecured		
_	or 2 only or 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
_		debtors and another	☐ Judgment lien from a lawsuit	,			
	k if this claim	n relates to a	☐ Other (including a right to offset)				
00111	munity dobt	0					
		Opened 05/06 Last					
Date del	ot was incurre		Last 4 digits of account numl	ber 8162			
Add th	e dollar value	e of your entries in C	olumn A on this page. Write that num	ber here:	\$210,269	9.00	
If this		ge of your form, add	the dollar value totals from all pages.		\$210,269		
Part 2:	List Other	s to Be Notified fo	r a Debt That You Already Listed				
Use this trying to than one	page only if collect from creditor for	you have others to b	e notified about your bankruptcy for a we to someone else, list the creditor i you listed in Part 1, list the additiona	n Part 1, and	then list the collection ag	ency here. Similarly, if	you have more
[]	Name, Numbe	er, Street, City, State &	Zip Code	On wh	nich line in Part 1 did you en	ter the creditor? 2.1	
		ı, Anschutz, Sch n Road, Suite 20 IJ 07004	The state of the s		digits of account number _		

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		Document	. 0.90 - 1	9 01 54	
Fill in this info	rmation to identify your	case:			
Debtor 1	Danielle L Downs				
DODIO! 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
Jnited States E	Sankruptcy Court for the:	DISTRICT OF NEW JERSEY			
0					
Case number					☐ Check if this is an
					amended filing
					-
	m 106E/F				
3chedule	E/F: Creditors W	ho Have Unsecured	l Claims		12/15
chedule G: Exec chedule D: Crec eft. Attach the Co ame and case n	cutory Contracts and Unexp litors Who Have Claims Sec	ired Leases (Official Form 106G). I ured by Property. If more space is ge. If you have no information to re	Do not include needed, copy t	contracts on Schedule A/B: Property any creditors with partially secured on the Part you need, fill it out, number do not file that Part. On the top of any	claims that are listed in the entries in the boxes on the
	itors have priority unsecure				
No. Go to		a ciamo agamot you.			
☐ Yes.	rait 2.				
☐ Yes.					
Part 2: List	All of Vour NONDDIODIT	V Uncoured Claims			
	All of Your NONPRIORIT				
3. Do any cred	itors have nonpriority unsec	cured claims against you?			
3. Do any cred	itors have nonpriority unsec		n your other sche	edules.	
3. Do any cred	itors have nonpriority unsec	cured claims against you?	n your other sche	edules.	
3. Do any cred  □ No. You h  ■ Yes.  4. List all of younsecured cl	itors have nonpriority unsections to report in this pour nonpriority unsecured claim, list the creditor separatel	cured claims against you?  Part. Submit this form to the court with aims in the alphabetical order of the yor each claim. For each claim lister	he creditor who	o holds each claim. If a creditor has mype of claim it is. Do not list claims alresthree nonpriority unsecured claims fill o	ady included in Part 1. If more
3. Do any cred  No. You h  Yes.  4. List all of you han one cred	itors have nonpriority unsections to report in this pour nonpriority unsecured claim, list the creditor separatel	cured claims against you?  Part. Submit this form to the court with aims in the alphabetical order of the yor each claim. For each claim lister	he creditor who	holds each claim. If a creditor has my ype of claim it is. Do not list claims alrea	ady included in Part 1. If more
No. You have a Yes.  List all of you unsecured cluthan one creater 2.	itors have nonpriority unsections to report in this pour nonpriority unsecured claim, list the creditor separatel	cured claims against you?  Part. Submit this form to the court with aims in the alphabetical order of the yor each claim. For each claim lister	he creditor who d, identify what t have more than	holds each claim. If a creditor has my ype of claim it is. Do not list claims alrea	ady included in Part 1. If more but the Continuation Page of  Total claim
3. Do any cred  No. You h Yes. 4. List all of you unsecured clithan one credit part 2.  Mohel	itors have nonpriority unsernave nothing to report in this pur nonpriority unsecured claim, list the creditor separatel ditor holds a particular claim, I	cured claims against you?  Part. Submit this form to the court with aims in the alphabetical order of the standard stand	he creditor who d, identify what t have more than	p holds each claim. If a creditor has mype of claim it is. Do not list claims alreathree nonpriority unsecured claims fill of the composition of t	ady included in Part 1. If more but the Continuation Page of  Total claim  \$119,127.00
No. You have Yes.  List all of younsecured chan one cree Part 2.  Mohel Nonprior	itors have nonpriority unsection ave nothing to report in this pur nonpriority unsecured claim, list the creditor separated ditor holds a particular claim, la/dept Of Ed	cured claims against you?  Part. Submit this form to the court with aims in the alphabetical order of the standard stand	he creditor who d, identify what t have more than count number	p holds each claim. If a creditor has my ype of claim it is. Do not list claims alreathree nonpriority unsecured claims fill of	ady included in Part 1. If more but the Continuation Page of  Total claim  \$119,127.00
No. You have yes.  List all of younsecured class one cree Part 2.  Mohel Nonprior  633 Sight Chest Number	itors have nonpriority unsection ave nothing to report in this pour nonpriority unsecured claim, list the creditor separated ditor holds a particular claim, I a/dept Of Ed rity Creditor's Name poirit Drive	cured claims against you?  Part. Submit this form to the court with aims in the alphabetical order of the yor each claim. For each claim lister ist the other creditors in Part 3.If you  Last 4 digits of acc.  When was the deb	he creditor who d, identify what t have more than count number of incurred?	p holds each claim. If a creditor has mype of claim it is. Do not list claims alreathree nonpriority unsecured claims fill of the company of	ady included in Part 1. If more but the Continuation Page of  Total claim  \$119,127.00
3. Do any cred  No. You h Yes.  4. List all of younsecured clithan one cred Part 2.  4.1 Mohel Nonprior  633 Si Chest Number Who inc	itors have nonpriority unsection ave nothing to report in this pour nonpriority unsecured claim, list the creditor separated ditor holds a particular claim, laddept Of Edrity Creditor's Name poirit Drive erfield, MO 63005  Street City State Zip Code	cured claims against you?  Part. Submit this form to the court with aims in the alphabetical order of the yor each claim. For each claim lister ist the other creditors in Part 3.If you  Last 4 digits of acc.  When was the deb	he creditor who d, identify what t have more than count number of incurred?	o holds each claim. If a creditor has mype of claim it is. Do not list claims alreathree nonpriority unsecured claims fill of the company of	ady included in Part 1. If more but the Continuation Page of  Total claim  \$119,127.00
3. Do any cred  No. You have yes.  4. List all of younsecured chan one cree Part 2.  4.1 Mohel Nonprior  633 Sight Chest  Number Who income Debt	itors have nonpriority unsection ave nothing to report in this positive nonpriority unsecured claim, list the creditor separated ditor holds a particular claim, I addept Of Edrity Creditor's Name poirit Drive erfield, MO 63005  Street City State Zip Code coursed the debt? Check one.	cured claims against you?  Part. Submit this form to the court with aims in the alphabetical order of the yor each claim. For each claim listerist the other creditors in Part 3.If you  Last 4 digits of acc.  When was the deb As of the date you	he creditor who d, identify what t have more than count number of incurred?	o holds each claim. If a creditor has mype of claim it is. Do not list claims alreathree nonpriority unsecured claims fill of the company of	ady included in Part 1. If more but the Continuation Page of  Total claim  \$119,127.00
A. List all of you unsecured clithan one cree Part 2.  Mohel Nonprior  633 Si Chest  Number Who inc	itors have nonpriority unsection ave nothing to report in this positive nonpriority unsecured claim, list the creditor separated ditor holds a particular claim, I addept Of Edity Creditor's Name poirit Drive erfield, MO 63005  Street City State Zip Code curred the debt? Check one. or 1 only	aims in the alphabetical order of the state of the other creditors in Part 3.If you  Last 4 digits of act  When was the deb  As of the date you  Contingent Unliquidated Disputed	he creditor who d, identify what t have more than count number of incurred?	o holds each claim. If a creditor has me type of claim it is. Do not list claims alrest three nonpriority unsecured claims fill of the control of the contro	ady included in Part 1. If more but the Continuation Page of  Total claim  \$119,127.00
A.1 No helest	itors have nonpriority unsecured claim, list the creditor separatel ditor holds a particular claim, laddept Of Edrity Creditor's Name priorit Drive erfield, MO 63005  Street City State Zip Code curred the debt? Check one. or 1 only	cured claims against you?  Part. Submit this form to the court with aims in the alphabetical order of the ground o	he creditor who d, identify what t have more than count number of incurred?	o holds each claim. If a creditor has me type of claim it is. Do not list claims alrest three nonpriority unsecured claims fill of the control of the contro	ady included in Part 1. If more but the Continuation Page of  Total claim  \$119,127.00
3. Do any cred  No. You have a Yes.  4. List all of youn secured clum one created and any cred any cred and any cred any cred and any cred and any cred any cred any cred and any cred any cred any cred and any cred any cr	ur nonpriority unsecured claim, list the creditor separatel ditor holds a particular claim, I claim, Creditor's Name coirit Drive erfield, MO 63005  Street City State Zip Code curred the debt? Check one. or 1 only or 2 only or 1 and Debtor 2 only	aims in the alphabetical order of the year to the other creditors in Part 3. If you  Last 4 digits of acc  When was the deb  As of the date you  Contingent Unliquidated Disputed Type of NONPRIOR	he creditor who d, identify what t have more than count number of incurred?	o holds each claim. If a creditor has me type of claim it is. Do not list claims alrest three nonpriority unsecured claims fill of the control of the contro	ady included in Part 1. If more but the Continuation Page of  Total claim  \$119,127.00
3. Do any cred  No. You have a Yes.  4. List all of youn secured class and one cree Part 2.  4.1 Mohel Nonprior  633 Signature Chest  Number  Who ind  Debt  Debt  At le	ur nonpriority unsecured claim, list the creditor separatel ditor holds a particular claim, I a/dept Of Ed rity Creditor's Name price of Company of the debt? Check one. or 1 only or 2 only ast one of the debtors and another its claim is for a company or a company o	cured claims against you?  Part. Submit this form to the court with a saims in the alphabetical order of the yor each claim. For each claim lister is the other creditors in Part 3.If you  Last 4 digits of acc.  When was the debough As of the date you.  Contingent Unliquidated Disputed Type of NONPRIOR  Other Type of NONPRIOR  Other Type of NONPRIOR  Obligations arisi	he creditor who d, identify what t have more than count number of incurred? file, the claim i	o holds each claim. If a creditor has me type of claim it is. Do not list claims alrest three nonpriority unsecured claims fill of the control of the contro	ady included in Part 1. If more but the Continuation Page of  Total claim  \$119,127.00
3. Do any cred  No. You have a Yes.  4. List all of your secured class and the cree	itors have nonpriority unsection ave nothing to report in this posture nonpriority unsecured claim, list the creditor separatel ditor holds a particular claim, I a/dept Of Ed rity Creditor's Name poirit Drive erfield, MO 63005  Street City State Zip Code curred the debt? Check one. or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and an area.	aims in the alphabetical order of the your cach claims. For each claim listerist the other creditors in Part 3. If you  Last 4 digits of acc.  When was the deb.  As of the date you.  Contingent Unliquidated Disputed Type of NONPRIOR  Student loans Obligations arisi report as priority claims.	he creditor who d, identify what t have more than count number of incurred? file, the claim i	o holds each claim. If a creditor has me type of claim it is. Do not list claims alrest three nonpriority unsecured claims fill of three nonpriority unsecured claims alrest three nonpriority unsecured claims. Last Action 1/28/22 Last Action 1/28/23 Last	ady included in Part 1. If more but the Continuation Page of  Total claim  \$119,127.00
3. Do any cred  No. You have a Yes.  4. List all of youn secured class and one cree Part 2.  4.1 Mohel Nonprior  633 Signature Chest  Number  Who ind  Debt  Debt  At le	ur nonpriority unsecured claim, list the creditor separatel ditor holds a particular claim, I a/dept Of Ed rity Creditor's Name price of Company of the debt? Check one. or 1 only or 2 only ast one of the debtors and another its claim is for a company or a company o	aims in the alphabetical order of the your cach claims. For each claim listerist the other creditors in Part 3. If you  Last 4 digits of acc.  When was the deb.  As of the date you.  Contingent Unliquidated Disputed Type of NONPRIOR  Student loans Obligations arisi report as priority claims.	he creditor who d, identify what t have more than count number of incurred? file, the claim i	o holds each claim. If a creditor has me type of claim it is. Do not list claims alrest three nonpriority unsecured claims fill of the control of the contro	ady included in Part 1. If more but the Continuation Page of  Total claim  \$119,127.00

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

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Debtor 1 Danielle L Downs

Case number (if known)

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 119,127.00
claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 0.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 119,127.00

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Fill in this infor	mation to identify your	case:		
Debtor 1	Danielle L Downs	3		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JEF	RSEY	
Case number				
(if known)				Check if this is an
				amended filing

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	

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		Docume	ni Paye 22 i	<del>Л 34</del>	
Fill in this	information to identify your	case:			
Debtor 1	Danielle L Downs	•			
	First Name	Middle Name	Last Name		
Debtor 2	, <u> </u>	A			
(Spouse if, filir	ng) First Name	Middle Name	Last Name		
United Sta	tes Bankruptcy Court for the:	DISTRICT OF NEW JEE	RSEY		
Case numl	ber				☐ Check if this is an
					amended filing
O#:∘:∘	I Farma 40011				
	I Form 106H	-1.4			
Sched	lule H: Your Cod	ebtors			12/15
■ No □ Yes  2. Witl Arizon ■ No.	you have any codebtors? (If she hin the last 8 years, have you a, California, Idaho, Louisiana, Go to line 3.	ı <b>lived in a community pr</b> Nevada, New Mexico, Pu	operty state or territo erto Rico, Texas, Wash	ry? (Community property st	ates and territories include
in line Form out Co	2 2 again as a codebtor only i 106D), Schedule E/F (Official olumn 2. Column 1: Your codebtor	f that person is a guaran Form 106E/F), or Sched	tor or cosigner. Make	sure you have listed the open of the color o	vith you. List the person shown creditor on Schedule D (Official hedule E/F, or Schedule G to fill or to whom you owe the debt
ſ	Name, Number, Street, City, State and ZI	r Code		Check all schedules to	nat apply:
3.1				Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street City	State	ZIP Code	_	
3.2				□ Cahadula D. lina	
	Name			_ ☐ Schedule D, line ☐ Schedule E/F, line	
				☐ Schedule E/F, line ☐ Schedule G, line	
-	Number				<del></del>
	Number Street City	State	ZIP Code		
	<del>,</del>		0000		

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

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Deb	tor 1 Danielle L D							
		OWIIS			-			
	tor 2				_			
Unit	ed States Bankruptcy Court for the	: DISTRICT OF NEW J	ERSEY		_			
Cas (If kno	e number 						d filing ent showing postpetition as of the following date:	chapter
Of	ficial Form 106I							
	chedule I: Your Inc	ome				MM / DD/ Y	YYY	12/15
spoi	olying correct information. If you use. If you are separated and you the a separate sheet to this form.  Describe Employment	ır spouse is not filing wi	th you, do not inclu	de inforn	natio	n about your spo	use. If more space is	needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-filing spouse	
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed			☐ Emplo	pyed	
		Employment status	☐ Not employed			☐ Not er	mployed	
		Occupation	Manager					
	Include part-time, seasonal, or self-employed work.	Employer's name	State of New Jersey/Dept. of Treasury  125 W State Street Trenton, NJ 08608			of		
	Occupation may include student or homemaker, if it applies.	Employer's address						
		How long employed the	here? 21 year	s				
Pari	2: Give Details About Mor	nthly Income						
spou If you	nate monthly income as of the d se unless you are separated. u or your non-filing spouse have mo	ate you file this form. If you	, c		•			J
						For Debtor 1	For Debtor 2 or non-filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$_	10,895.60	\$ <b>N/A</b> _	
				3.	+\$	0.00	¢ N/A	
3.	Estimate and list monthly overt	ime pay.		Э.	-Ψ	0.00	+\$ <b>N/A</b>	

Official Form 106l Schedule I: Your Income page 1

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Deb	tor 1	Danielle L Downs		С	ase number (if known)				
					For Debtor 1		Debtor -filing s		
	Cop	by line 4 here	4.	:	\$ 10,895.60	\$		N/A	-
5.	List	all payroll deductions:							
-	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 2,950.76	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$ <u>2,330.70</u> \$ 817.18	\$_		N/A	-
	5c.	Voluntary contributions for retirement plans	5c		\$ 0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d	l. :	\$ 0.00	\$		N/A	-
	5e.	Insurance	5e	. :	\$ 606.93	\$		N/A	-
	5f.	Domestic support obligations	5f.		\$ 0.00	\$		N/A	_
	5g.	Union dues	5g		\$ 108.33	\$		N/A	_
	5h.	Other deductions. Specify: Deferred Comp	_ 5h	.+ :	\$ 201.57	+ \$		N/A	_
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9	4,684.77	\$		N/A	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	6,210.83	\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	ı <b>.</b> ;	\$ 0.00	\$		N/A	
	8b.	Interest and dividends	8b	. :	\$ 0.00	\$		N/A	-
	8c. 8d.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation	8c 8d		\$	\$		N/A N/A	-
	8e.	Social Security	8e		\$ 0.00	\$-		N/A	-
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g		\$	\$		N/A N/A	-
	8h.	Other monthly income. Specify:	8h		\$ 0.00			N/A	-
9.		all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$		N/A	- 
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	6,210.83 + \$		N/A	= \$	6,210.83
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	- 0,210.63 + ψ		IN/A		0,210.03
11.	Star Incli othe Do	the all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:	depe			•		e J. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certainlies					12.	\$Combir	6,210.83
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?						y income
		Van Friedrick					-		

F <u>ill i</u> i	n this informa	ation to identify yo	our case:					
Debt		Danielle L De				Check	c if this is:	
Data	0					_	An amended filing	
Debt	use, if filing)							ving postpetition chapter the following date:
Unite	ed States Bankı	ruptcy Court for the	: DISTRI	CT OF NEW JERSEY		<u> </u>	MM / DD / YYYY	
	e number nown)							
Of	ficial Fo	rm 106J						
		J: Your						12/15
info	rmation. If m		eded, atta	If two married people and the chancither sheet to this n.				
Part		ribe Your House	hold					
1.	Is this a joir							
		es Debtor 2 live i	in a separ	ate household?				
	□ N □ Y		st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	hold of Debto	or 2.	
2.		e dependents?	□ No	• •	•			
	Do not list D Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Son		21	■ Yes □ No
					Son		23	■ Yes
								□ No
								☐ Yes
								□ No □ Yes
3.		penses include		No		-		<b>□</b> 163
		f people other t d your depende	han $_{f \Box}$	Yes				
Part	2: Estim	ate Your Ongoi	ng Monthl	y Expenses				
expe		a date after the l		uptcy filing date unless y y is filed. If this is a supp				
				government assistance i				
	icial Form 10		u nave mo	ilided it on <i>Schedule I.</i>	rour income		Your exp	enses
4.		or home owners		ses for your residence. I r lot.	nclude first mortgage	4. \$		1,500.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. \$		0.00
		rty, homeowner's				4b. \$		200.00
		maintenance, re owner's associat		ipkeep expenses		4c. \$		100.00
5.				our residence, such as ho	me equity loans	4d. \$ 5. \$		0.00

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Debtor 1 _[	Danielle L Downs	Case num	ber (if known)	
6. Utilitie	s:			
	Electricity, heat, natural gas	6a.	\$	150.00
	Nater, sewer, garbage collection	6b.	\$	60.00
	Felephone, cell phone, Internet, satellite, and cable services	6c.	·	100.00
	Other. Specify: Cell Phone - Family Plan	6d.		182.00
	and housekeeping supplies	7.	·	1,000.00
	are and children's education costs	7. 8.	\$	
		9.	\$	0.00
	ng, laundry, and dry cleaning		·	100.00
	nal care products and services	10.	\$	200.00
	al and dental expenses	11.	\$	75.00
	portation. Include gas, maintenance, bus or train fare.	12.	\$	325.00
	include car payments. ainment, clubs, recreation, newspapers, magazines, and books	13.	\$	
			·	225.00
	able contributions and religious donations	14.	\$	0.00
5. Insura	include insurance deducted from your pay or included in lines 4 or 20.			
	include insurance deducted from your pay or included in lines 4 or 20.  Life insurance	15a.	\$	0.00
	Health insurance	15a. 15b.	· -	0.00
	/ehicle insurance	15b.	·	250.00
			· · · — — — — — — — — — — — — — — — — —	
	Other insurance. Specify:	15d.	<b>a</b>	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
Specify	ment or lease payments:		Ф	0.00
	Car payments for Vehicle 1	17a.	¢	0.00
	Car payments for Vehicle 2	17a. 17b.		0.00
		17b. 17c.		
	Other. Specify:	17c.		0.00
	Other. Specify:		\$	0.00
	ayments of alimony, maintenance, and support that you did not report a ted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I)		\$	0.00
	payments you make to support others who do not live with you.	).	\$	0.00
Specify		19.	Ψ	0.00
	real property expenses not included in lines 4 or 5 of this form or on Sci		ur Income	
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.		0.00
	Property, homeowner's, or renter's insurance	20c.	·	0.00
	Maintenance, repair, and upkeep expenses	20d.	· -	
		20u. 20e.		0.00
	Homeowner's association or condominium dues		·	0.00
l. Other:	Specify: Pet Care	21.	+\$	150.00
2. Calcula	ate your monthly expenses			
	dd lines 4 through 21.		\$	4.617.00
	opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	•	\$	.,011100
	dd line 22a and 22b. The result is your monthly expenses.		·	4 647 00
220. AC	au ime 22a anu 22b. The result is your monthly expenses.		\$	4,617.00
3. Calcula	ate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	6,210.83
	Copy your monthly expenses from line 22c above.	23b.	· -	4,617.00
				.,011100
23c. S	Subtract your monthly expenses from your monthly income.			4
	The result is your monthly net income.	23c.	\$	1,593.83
	•			
	expect an increase or decrease in your expenses within the year after			
	mple, do you expect to finish paying for your car loan within the year or do you expect yo	our mortgage	payment to increase	or decrease because of a
_	ation to the terms of your mortgage?			
■ No.				
☐ Yes	Explain here:			

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Fill in this inforn	mation to identify your	case:			
Debtor 1	Danielle L Downs				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	DISTRICT OF NEW JERSEY			
Case number					
(if known)					Check if this is an amended filing
Official Forn		an Individual De	htor's Schod	ulos	1045
Deciarat	IOII ADOUL a	an marvidual De	biol 3 Scheu	ules	12/15
years, or both. 18	8 U.S.C. §§ 152, 1341, 1 n Below	n connection with a bankruptcy I519, and 3571.			·
Did you pa	y or agree to pay some	eone who is NOT an attorney to	help you fill out bankrupt	cy forms?	
■ No					
☐ Yes. N	Name of person				etition Preparer's Notice, nature (Official Form 119)
	Ity of perjury, I declare e true and correct.	that I have read the summary a	nd schedules filed with th	nis declaration and	
X /s/ Dan	ielle L Downs		X		
	le L Downs		Signature of Debtor 2	2	
Signatur	re of Debtor 1		-		
Date J	July 19, 2023		Date		

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Fill ir	n this inform	nation to identify your	case:			
Debte		Danielle L Down				
		First Name	Middle Name	Last Name		
Debte (Spous	or 2 se if, filing)	First Name	Middle Name	Last Name		
Unite	d States Bar	nkruptcy Court for the:	DISTRICT OF NEW JERS	SEY		
Case	number					
(if knov					-	Check if this is an mended filing
	cial For		Affairs for Individ	duals Filing for B	ankruptcy	04/2
nforn	nation. If m		attach a separate sheet to		equally responsible for sup	
Part	1: Give D	etails About Your Ma	rital Status and Where You	Lived Before		
i. V	What is your	current marital statu	s?			
[	☐ Married ■ Not mar	ried				
2. [	Ouring the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	t all of the places you li	ved in the last 3 years. Do no	ot include where you live now		
	Debtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territor co, Texas, Washington and V	
[	■ No □ Yes. Ma	ke sure you fill out <i>Sch</i>	edule H: Your Codebtors (O	fficial Form 106H).		
Part	2 Explai	n the Sources of You	Income			
F	ill in the tota	I amount of income you	received from all jobs and a	g a business during this yeall businesses, including parter together, list it only once ur		ndar years?
[	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	ast calenda uary 1 to De	r year: cember 31, 2022 )	■ Wages, commissions, bonuses, tips	\$107,426.48	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

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De	ebtor 1 Da	anielle L Dow	/ns		Cas	e number (if known)		
				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of ind Check all that a		Gross income (before deductions and exclusions)
		dar year befor December 31		■ Wages, commissions, bonuses, tips	\$106,759.01	☐ Wages, combonuses, tips	nmissions,	
				☐ Operating a business		☐ Operating a	business	
i <b>-</b>	Include in and other winnings.  List each	come regardles public benefit p If you are filing source and the	es of whether payments; p a joint case gross incor	during this year or the two er that income is taxable. Exa ensions; rental income; inter e and you have income that y me from each source separat	amples of other income are a est; dividends; money collec- rou received together, list it	alimony; child supported from lawsuits; only once under D	royalties; and ebtor 1.	ecurity, unemployment, d gambling and lottery
	☐ Yes.	Fill in the detai	ls.					
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
Pa	rt 3: Lis	t Certain Payn	nents You I	Made Before You Filed for	Bankruptcy			
i-	□ No.	Neither Debtindividual prindividual prindivi	or 1 nor De marily for a paragraph of the line 7. dist below ear and that create the continuity of the	s debts primarily consumer betor 2 has primarily consumer betor 2 has primarily consumer betor 2 has primarily, or household be you filed for bankruptcy, direct creditor to whom you paid ditor. Do not include payments ayments to an attorney for the on 4/01/25 and every 3 years both have primarily consumer you filed for bankruptcy, direct creditor to whom you painents for domestic support of	Imer debts. Consumer debted purpose."  If you pay any creditor a total dia total of \$7,575* or more the for domestic support obliques bankruptcy case. It is after that for cases filed on the file of	al of \$7,575* or moin one or more payations, such as clar or after the date of \$600 or more.	yments and the support a s	ne total amount you nd alimony. Also, do
	Creditor		ttorney for t	this bankruptcy case.  Dates of payme		Amount you	·	payment for
					paid	still owe		
	7933 Pr	One Auto Fir eston Road TX 75024	nance	4/3/23	\$676.77	\$0.00	☐ Mortgaç ☐ Car ☐ Credit ( ☐ Loan R ☐ Supplie ☐ Other_	Card

Case 23-16158-SLM Doc 1 Filed 07/19/23 Entered 07/19/23 16:10:13 Page 30 of 54 Document Case number (if known) Debtor 1 Danielle L Downs **Creditor's Name and Address Total amount** Amount you Was this payment for ... Dates of payment still owe paid **Capita One Auto Finance** \$0.00 5/1/23 \$876.77 ■ Mortgage 7933 Preston Road ■ Car Plano, TX 75024 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. ☐ Yes. List all payments to an insider **Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Case title Nature of the case Status of the case Court or agency Case number Select Portfolio Servicing, Inc. v. **Foreclosure Hudson County Superior** □ Pending Danielle L. Downs Court □ On appeal F-10886-19 **Chancery Division** Concluded 583 Newark Avenue Jersey City, NJ 07306

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

_	i			
	NIO	Cata	line 11	

Yes. Fill in the information below.

Creditor Name and Address

Describe the Property

Explain what happened

Date

Value of the property

Explain what happened

11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No							
	☐ Yes. Fill in the details.							
	Creditor Name and Address	De	escribe the action the creditor took	Date action was taken	Amount			
12.	Within 1 year before you filed for bankru court-appointed receiver, a custodian, o		ras any of your property in the possession of an er official?	assignee for the bene	fit of creditors, a			
	☐ Yes							
Pai	rt 5: List Certain Gifts and Contribution	ıs						
13.	No	uptcy,	did you give any gifts with a total value of more t	han \$600 per person?	•			
	Yes. Fill in the details for each gift.  Gifts with a total value of more than \$60	00	Describe the gifts	Dates you gave	Value			
	per person  Person to Whom You Gave the Gift and			the gifts				
	Address:							
<ul> <li>14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions wit</li> <li>■ No</li> <li>□ Yes. Fill in the details for each gift or contribution.</li> </ul>				al value of more than S	\$600 to any charity?			
	Gifts or contributions to charities that is more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod	total	Describe what you contributed	Dates you contributed	Value			
Pai	rt 6: List Certain Losses							
15.	Within 1 year before you filed for bankru or gambling?	ptcy or	since you filed for bankruptcy, did you lose any	thing because of theft	, fire, other disaster,			
	■ No □ Yes. Fill in the details.							
	Describe the property you lost and	Descr	ibe any insurance coverage for the loss	Date of your	Value of property			
	how the loss occurred		e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	loss	lost			
Pai	rt 7: List Certain Payments or Transfers	s						
16.	consulted about seeking bankruptcy or	prepari	id you or anyone else acting on your behalf payong a bankruptcy petition? rs, or credit counseling agencies for services require		ty to anyone you			
	<ul><li>No</li><li>Yes. Fill in the details.</li></ul>							
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was	Amount of payment			
	Email or website address Person Who Made the Payment, if Not \	<b>′</b> ou		made				
	Ciccarelli Law, PC 239 New Road, Building A, Suite 30 Parsippany, NJ 07054	)1		7/6/2023	\$3,860.00			

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Debtor 1 Danielle L Downs Case number (if known)

	Within 1 year before you filed for bankruptour promised to help you deal with your credit. Do not include any payment or transfer that you have a limit of the li	ors or to make payments			erty to anyone who
	Person Who Was Paid Address	Description and variansferred	alue of any propert	Date payment or transfer was made	Amount of payment
	Within 2 years before you filed for bankrup transferred in the ordinary course of your landled both outright transfers and transfers minclude gifts and transfers that you have alrea  No Yes. Fill in the details.	pusiness or financial affa nade as security (such as dy listed on this statement	airs? the granting of a secut.	urity interest or mortgage on you	r property). Do not
	Person Who Received Transfer Address Person's relationship to you	Description and v property transfer		Describe any property or payments received or debts paid in exchange	Date transfer was made
	Within 10 years before you filed for bankru beneficiary? (These are often called asset-pr No Yes. Fill in the details.		ny property to a self	-settled trust or similar device	of which you are a
	Name of trust	Description and v	alue of the propert	y transferred	Date Transfer was made
Par	8: List of Certain Financial Accounts, Ir	nstruments, Safe Deposi	t Boxes, and Storag	ge Units	
20.	Within 1 year before you filed for bankruptous sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, assolution No  Yes. Fill in the details.	or other financial accou	nts; certificates of o		, ,
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account of instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	Do you now have, or did you have within 1 cash, or other valuables?  No Yes. Fill in the details.	year before you filed for	r bankruptcy, any sa	afe deposit box or other depos	sitory for securities,
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		scribe the contents	Do you still have it?
22.	Have you stored property in a storage unit	•	home within 1 yea	r before you filed for bankrupt	cy?
	■ No □ Yes. Fill in the details.				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or l to it? Address (Number, S State and ZIP Code)		scribe the contents	Do you still have it?

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Debtor 1 Danielle L Downs Case number (if known)

Pa	t 9: Identify Property You Hold or Control for	Someone Else						
23.	Do you hold or control any property that some for someone.	one else owns? Include any proper	ty you borrowed from, are storing fo	r, or hold in trust				
	□ No							
	Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value				
	William Ortiz and Benicio Ortiz	Wells Fargo Bank NA	Investment account for minor children	\$9,300.00				
Pa	tt 10: Give Details About Environmental Inform	ation						
For	the purpose of Part 10, the following definitions	apply:						
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, ground						
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal		law, whether you now own, operate,	or utilize it or used				
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic	substance,				
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they occurred.					
24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	under or in violation of an environm	ental law?				
	■ No							
	Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any release of hazardous material?							
	■ No							
	Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.							
	■ No □ Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City,	Nature of the case	Status of the case				
		State and ZIP Code)						
Pa	t 11: Give Details About Your Business or Cor	nnections to Any Business						
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have ar	ny of the following connections to an	y business?				
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity,	either full-time or part-time					
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	☐ A partner in a partnership							
	☐ An officer, director, or managing executive of a corporation							
	☐ An owner of at least 5% of the voting or equity securities of a corporation							

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	■ No. None of the above applies. Go to	Part 12.						
	Yes. Check all that apply above and fill in the details below for each business.							
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed					
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties.  No	tcy, did you give a financial statement to a	anyone about your business? Include all financial					
	☐ Yes. Fill in the details below.							
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued						
Par	t 12: Sign Below							
are twith	true and correct. I understand that making a a bankruptcy case can result in fines up to I.S.C. §§ 152, 1341, 1519, and 3571.	false statement, concealing property, or	I declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both.					
	Danielle L Downs nielle L Downs	Signature of Debtor 2						
	nature of Debtor 1	Signature of Debtor 2						
Dat	e _July 19, 2023	Date						
Did ■ N □ Y	•	ent of Financial Affairs for Individuals Fili	ng for Bankruptcy (Official Form 107)?					
Did ■ N	you pay or agree to pay someone who is no	t an attorney to help you fill out bankrupte	cy forms?					

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this information to identify your case:						
Debtor 1	Danielle L Downs					
Debtor 2 (Spouse, if filing)						
United States Bankruptcy Court for the: District of New Jersey						
Case number (if known)						

Check as directed in lines 17 and 21:								
1	ccording to the calculations required by this latement:							
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).							
•	<ol> <li>Disposable income is determined under 11 U.S.C. § 1325(b)(3).</li> </ol>							
☐ 3. The commitment period is 3 years.								
	4. The commitment period is 5 years.							

☐ Check if this is an amended filing

### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Pari	1: Calculate Your Average Monthly Income							
1.	What is your marital and filing status? Check one of	only.						
	■ Not married. Fill out Column A, lines 2-11.							
	☐ Married. Fill out both Columns A and B, lines 2-11							
10 th	Il in the average monthly income that you received from al 01(10A). For example, if you are filing on September 15, the 6- e 6 months, add the income for all 6 months and divide the tota bouses own the same rental property, put the income from that	month peri al by 6. Fill	iod would in the re	l be March 1 throu sult. Do not includ	igh Aug le any	gust 31. If the amoint m	ount of your monthly incom ore than once. For examp	ne varied during le, if both
					Colui Debt		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	mmissio	ons (before all	\$	10,086.60	\$	
3.	3. <b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.			\$	0.00	\$		
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.			\$	0.00	\$			
5.	Net income from operating a business, profession, or farm	Debtor	1					
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from a business, profession, or fa	ırm \$	0.00	Copy here ->	\$	0.00	\$	
6.	Net income from rental and other real property	Debtor						
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	

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Case number (if known)

	Interest, dividends, and royalties Unemployment compensation	Column A Debtor 1  \$	0.00	Column B Debtor 2 c non-filing \$		
	Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  For you\$	•				
	For your spouse \$					
	Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$	0.00	\$		
10.	Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.					
		\$	0.00	. \$		
		\$	0.00	\$		-
	Total amounts from separate pages, if any.	\$	0.00	\$		
11. Part	v	0,086.60	+ \$ _			10,086.60 otal average onthly income
12. 13.	Copy your total average monthly income from line 11.  Calculate the marital adjustment. Check one:				\$	10,086.60
	You are not married. Fill in 0 below.					
	☐ You are married and your spouse is filing with you. Fill in 0 below.					
	You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT regular dependents, such as payment of the spouse's tax liability or the spouse's support Below, specify the basis for excluding this income and the amount of income deadjustments on a separate page.  If this adjustment does not apply, enter 0 below.  \$	rt of someone voted to each	other tl	han you or you	ır depend	dents.
	Total\$	0.00	<b>D</b> c	opy here=>	<b>-</b> _	0.00
14.	Your current monthly income. Subtract line 13 from line 12.				\$	10,086.60
15.	Calculate your current monthly income for the year. Follow these steps:					
	15a Conviline 14 here=>				Ф	10,086.60

Danielle L Downs

Debtor 1

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Debtor 1	Da	nielie L Downs	Case number	(If Known)	
	N	Multiply line 15a by 12 (the number of months in a	/ear).	<u> </u>	<b>x</b> 12
1	5b. 1	The result is your current monthly income for the ye	ear for this part of the form	\$_	121,039.20
16. <b>C</b> a	lculat	te the median family income that applies to you	Follow these steps:		
16	a. Fill	in the state in which you live.	NJ		
16	b. Fill	in the number of people in your household.	2		
16	То	in the median family income for your state and size find a list of applicable median income amounts, g tructions for this form. This list may also be availab	o online using the link specified in the se	\$_ eparate	99,056.00
17. <b>Hc</b>		the lines compare?	to at the bankruptcy clock a chiec.		
17	а. [	☐ Line 15b is less than or equal to line 16c. On the 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do NOT			
17	b.	Line 15b is more than line 16c. On the top of p 1325(b)(3). <b>Go to Part 3 and fill out Calculat</b> your current monthly income from line 14 abov	ion of Your Disposable Income (Office		
Part 3:	С	alculate Your Commitment Period Under 11 U.S	S.C. § 1325(b)(4)		
8. <b>C</b> c	ру ус	our total average monthly income from line 11 .		\$	10,086.60
co sp	ntend ouse's	the marital adjustment if it applies. If you are marthat calculating the commitment period under 11 Ls income, copy the amount from line 13.  The marital adjustment does not apply, fill in 0 on line	J.S.C. § 1325(b)(4) allows you to deduct		0.00
19	b. <b>Sul</b>	otract line 19a from line 18.		\$	10,086.60
20. <b>C</b> a	lculat	te your current monthly income for the year. For	ollow these steps:		
20	a. Cop	by line 19b		\$_	10,086.60
	Mu	ltiply by 12 (the number of months in a year).		;	<b>x</b> 12
20	b. The	e result is your current monthly income for the year	for this part of the form	\$_	121,039.20
20	c. Cop	by the median family income for your state and size	e of household from line 16c	\$_	99,056.00
21	. Ho	w do the lines compare?			
		Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	ordered by the court, on the top of page	1 of this form, check box 3,	The commitment
		Line 20b is more than or equal to line 20c. Unles commitment period is 5 years. Go to Part 4.	s otherwise ordered by the court, on the	e top of page 1 of this form, c	heck box 4, The
Part 4:	s	ign Below			
Ву	signir	ng here, under penalty of perjury I declare that the	information on this statement and in any	y attachments is true and cor	rect.
D	anie	nielle L Downs Ile L Downs ure of Debtor 1			
Da	te Ju	uly 19, 2023 M / DD / YYYY			
-		ecked 17a, do NOT fill out or file Form 122C-2. ecked 17b. fill out Form 122C-2 and file it with this	form. On line 39 of that form, copy you	r current monthly income from	n line 14 above

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Debtor 1 Danielle L Downs Case number (if known)

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Fill in the	nis information to	dentify your case:	
Debtor '	Danielle l	. Downs	
Debtor 2	2		
	e, if filing)		
United S	States Bankruptcy C	ourt for the:District of New Jersey	
Case nu (if know		□ Check if	this is an amended filing
Official I	Form 122C-2		
		culation of Your Disposable Income	04/22
Commit Be as co space is	ment Period (Officion omplete and accura needed, attach as	te as possible. If two married people are filing together, both are equally respons eparate sheet to this form, Include the line number to which additional information	ible for being accurate. If more
addition Part 1:	•	r name and case number (if known).  Deductions from Your Income	
rait i.	Calculate 10th	Deductions from Four income	
the q	uestions in lines 6	ervice (IRS) issues National and Local Standards for certain expense amounts. Us 15. To find the IRS standards, go online using the link specified in the separate in available at the bankruptcy clerk's office.	
exper	nses if they are high	unts set out in lines 6-15 regardless of your actual expense. In later parts of the form, your than the standards. Do not include any operating expenses that you subtracted from ct any amounts that you subtracted from your spouse's income in line 13 of Form 122C	income in lines 5 and 6 of Form
If you	r expenses differ fro	m month to month, enter the average expense.	
Note:	Line numbers 1-4 a	re not used in this form. These numbers apply to information required by a similar form	used in chapter 7 cases.
5.	The number of pec	ple used in determining your deductions from income	
	plus the number of a	people who could be claimed as exemptions on your federal income tax return, ny additional dependents whom you support. This number may be different from e in your household.	2
Natio	onal Standards	You must use the IRS National Standards to answer the questions in lines 6-7.	
		I other items: Using the number of people you entered in line 5 and the IRS National dollar amount for food, clothing, and other items.	\$1,389.00
1	the dollar amount fo people who are 65 o	th care allowance: Using the number of people you entered in line 5 and the IRS Natio out-of-pocket health care. The number of people is split into two categoriespeople when olderbecause older people have a higher IRS allowance for health car costs. If your amount you may deduct the additional amount on line 22	o are under 65 and

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Debtor 1 Danielle L Downs Case number (if known)

People	who are under 65 years of age				
7a	. Out-of-pocket health care allowance per person	\$ 79			
7b	. Number of people who are under 65	X2			
7c	Subtotal. Multiply line 7a by line 7b.	\$158.00	Copy here=>	\$158.00	
People	who are 65 years of age or older				
7d	. Out-of-pocket health care allowance per person	\$ 1 <b>5</b> 4			
7e	. Number of people who are 65 or older	x			
7f.	Subtotal. Multiply line 7d by line 7e.	\$	Copy here=>	\$	
7g	. <b>Total.</b> Add line 7c and line 7f		\$158.00_	Copy total here=>	\$158.00_
Local S	standards You must use the IRS Local Standards	to answer the question	ns in lines 8-15.		
	on information from the IRS, the U.S. Trustee Pro	gram has divided th	e IRS Local Standard	d for housing for	
■ Hou	sing and utilities - Insurance and operating exper	ises			
	sing and utilities - Mortgage or rent expenses				
separa 8. Ho	wer the questions in lines 8-9, use the U.S. Truste te instructions for this form. This chart may also I using and utilities - Insurance and operating exp	be available at the baenses: Using the nun	ankruptcy clerk's offi nber of people you ent	ice.	pecified in the
	the dollar amount listed for your county for insurance busing and utilities - Mortgage or rent expenses:	and operating expens	ses.	Ψ_	
	Using the number of people you entered in line 5, listed for your county for mortgage or rent expense		nt	\$ 2,678.00	
9b	. Total average monthly payment for all mortgages	and other debts secur	ed by your home.		
	To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.				
	Name of the creditor	Average mon payment	thly		
	Select Portfolio Servicing, Inc	\$\$	00.00		
	9b. Total average monthly payme	nt \$ <b>1,5</b> 0	00.00 Copy here=>	-\$1,500.00	Repeat this amount on line 33a.
9c	Net mortgage or rent expense.				
	Subtract line 9b (total average monthly payment) for rent expense). If this number is less than \$0, en		\$	1,178.00 Copy here=>	\$1,178.00
afi	you claim that the U.S. Trustee Program's division ects the calculation of your monthly expenses, fil xplain why:			s incorrect and	\$

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Danielle L Downs Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. □ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 379.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. **Describe Vehicle 1:** Vehicle 1 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly Name of each creditor for Vehicle 1 payment -NONE-Repeat this Copy amount on **Total Average Monthly Payment** 0.00 0.00 here => Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Сору Repeat this here amount on line Total average monthly payment 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 => 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00

not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 Danielle L Downs Case number (if known)

Other Necessary Expenses	the following IRS categories		e, you are allowed your monthly expenses	, 101	
self-employment taxes, so your pay for these taxes. H	cial security taxes, and Medic lowever, if you expect to rece rom the total monthly amoun	care taxes. You may in eive a tax refund, you r	nd local taxes, such as income taxes, aclude the monthly amount withheld from must divide the expected refund by 12 y for taxes.	\$	2,950.76
17. <b>Involuntary deductions:</b> contributions, union dues,	and uniform costs.			•	923.18
		•	01(k) contributions or payroll savings.	\$	923.10
filing together, include pay	ments that you make for you or life insurance on your depo	r spouse's term life ins	fe insurance. If two married people are urance. g spouse's life insurance, or for any form	\$	0.00
	h as spousal or child support	t payments.	d by the order of a court or  You will list these obligations in line 35.	\$	0.00
20. <b>Education:</b> The total mon			· ·		
as a condition for your					
for your physically or m	entally challenged dependen	nt child if no public edu	cation is available for similar services.	\$	0.00
	nly amount that you pay for corrany elementary or seconda	•	rsitting, daycare, nursery, and preschool.	\$	0.00
that is required for the hea by a health savings account		r dependents and that hat hat hat hat hat hat hat hat is more than the tot		\$	0.00
for you and your depender phone service, to the exter income, if it is not reimburs Do not include payments f	nts, such as pagers, call waitint necessary for your health a sed by your employer. For basic home telephone, into	ing, caller identification and welfare or that of y ernet and cell phone se	you pay for telecommunication services , special long distance, or business cell our dependents or for the production of ervice. Do not include self-employment mount you previously deducted.	+\$	100.00
24. Add all of the expenses and Add lines 6 through 23.	allowed under the IRS expe	ense allowances.		\$	7,932.94
Additional Expense Deductio	ns These are additional c	deductions allowed by	the Means Test		
	Note: Do not include a	any expense allowance			
	Note: Do not include a ity insurance, and health s	avings account expe		or	
insurance, disability insura	Note: Do not include a ity insurance, and health s	avings account expe	es listed in lines 6-24.  nses. The monthly expenses for health	or	
insurance, disability insura your dependents.	Note: Do not include a ity insurance, and health s	avings account expe	es listed in lines 6-24.  nses. The monthly expenses for health	or	
insurance, disability insura your dependents. Health insurance	Note: Do not include a ity insurance, and health s nce, and health savings according to the savi	savings account experiments that are reasonary \$606.93	es listed in lines 6-24.  nses. The monthly expenses for health	or	
insurance, disability insura your dependents. Health insurance Disability insurance	Note: Do not include a ity insurance, and health s nce, and health savings according to the savi	savings account experiments that are reasonal \$\\ \begin{array}{c} 606.93 \\ \\ \end{array}\$	es listed in lines 6-24.  nses. The monthly expenses for health	or \$	606.93
insurance, disability insura your dependents. Health insurance Disability insurance Health savings account Total	Note: Do not include a ity insurance, and health s nce, and health savings according to the savi	* 606.93  * 0.00  * 0.00	nses. The monthly expenses for health bly necessary for yourself, your spouse, o		606.93
insurance, disability insura your dependents.  Health insurance Disability insurance Health savings account  Total  Do you actually spend this	Note: Do not include a ity insurance, and health s nce, and health savings according to the savi	* 606.93  * 0.00  * 0.00	nses. The monthly expenses for health bly necessary for yourself, your spouse, o		606.93
insurance, disability insura your dependents.  Health insurance Disability insurance Health savings account  Total  Do you actually spend this	Note: Do not include a ity insurance, and health s nce, and health savings accordance, and health savings accordance.	* 606.93  * 0.00  * 0.00	nses. The monthly expenses for health bly necessary for yourself, your spouse, o		606.93
insurance, disability insuraryour dependents.  Health insurance Disability insurance Health savings account  Total  Do you actually spend this No. How much do Yes  Yes  26. Continuing contributions continue to pay for the reayour household or membe	Note: Do not include a ity insurance, and health since, and health savings according total amount? you actually spend?	savings account experiments that are reasonal  \$ 606.93  \$ 0.00  \$ 606.93  \$ 606.93  \$ and support of an elder on is unable to pay for	copy total here=>  Copy total here=>  he actual monthly expenses that you will erly, chronically ill, or disabled member of such expenses may		606.93
insurance, disability insuraryour dependents.  Health insurance Disability insurance Health savings account  Total  Do you actually spend this No. How much do Yes  26. Continuing contributions continue to pay for the rea your household or membe include contributions to an  27. Protection against family	Note: Do not include a ity insurance, and health some, and health savings according total amount?  you actually spend?  so to the care of household of sonable and necessary care of your immediate family whaccount of a qualified ABLE of violence. The reasonably not six in the same of the sonable of the same of the sam	\$ 606.93 \$ 0.00 \$ 606.93 \$ 0.00 \$ 606.93	copy total here=>  Copy total here=>  he actual monthly expenses that you will erly, chronically ill, or disabled member of such expenses may	\$\$	

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ebtor 1	Danielle L Downs	Case	e number (if known)				
	Additional home energy costs. Your hom ine 8.	e energy costs are included in your insurance	and operating	expenses	s on		
	f you believe that you have home energy c B, then fill in the excess amount of home er	osts that are more than the home energy cost lergy costs	s included in ex	penses o	on line		
	You must give your case trustee document amount claimed is reasonable and necessa	ation of your actual expenses, and you must sury.	show that the ad	lditional		\$	0.00
9	Education expenses for dependent child \$189.58* per child) that you pay for your depublic elementary or secondary school.	Iren who are younger than 18. The monthly pendent children who are younger than 18 ye	expenses (not r ars old to attend	more thai d a privat	n e or		
(	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must e not already accounted for in lines 6-23.	explain why the	amount			
,	Subject to adjustment on 4/01/25, and ever	ery 3 years after that for cases begun on or aft	ter the date of a	djustmer	nt.	\$	0.00
ŀ		he monthly amount by which your actual food allowances in the IRS National Standards. The in the IRS National Standards.					
		ional allowance, go online using the link speci so be available at the bankruptcy clerk's office		rate			
,	You must show that the additional amount of	claimed is reasonable and necessary.				\$	0.00
	Continuing charitable contributions. The nstruments to a religious or charitable orga	amount that you will continue to contribute in nization. 11 U.S.C. § 548(d)(3) and (4).	the form of cas	h or finar	ncial		
I	Do not include any amount more than 15%	of your gross monthly income.				\$	0.00
	Add all of the additional expense deduct Add lines 25 through 31.	ions.				\$	606.93
Dedu	ctions for Debt Payment				·		
	•	in property that you own, including home r	mortgages, veh	nicle			
	ans, and other secured debt, fill in lines						
	o calculate the total average monthly paym reditor in the 60 months after you file for ba	ent, add all amounts that are contractually duenkruptcy. Then divide by 60.	e to each secure	ed			
	Mortgages on your home					Average Daymen	e monthly
33a.	Copy line 9b here				=> \$		1,500.00
	Loans on your first two vehicles				•		
33b.					=> 9	6	0.00
33c.					=> 9	· ——	0.00
						·	0.00
33d. Name	List other secured debts: e of each creditor for other secured debt	Identify property that secures the debt	incl	es payme ude taxe: nsurance	S		
				No			
	-NONE-			Yes	\$		
					Ψ	·	
				No			
				Yes	\$	i	
				No			
			_	Yes	+ ¢		
					+ \$		
		r					

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ebtor 1	Dani	elle L Downs			Cas	se nui	mber (if known)			
34. Are	any o	debts that you listed in lin property necessary for yo	e 33 secured by your prin	mary resid	lence, a vehicle dependents?	€,				
	No.	Go to line 35.								
	Yes.	State any amount that you listed in line 33, to keep po Next, divide by 60 and fill i	ossession of your property (							
Name o	of the	creditor	Identify property that sec	ures the de	bt	Tot	al cure amount		onthly nount	cure
Selec	t Po	rtfolio Servicing, Inc	213B Halladay Stree 07304 Hudson Cou		\$		90,000.00	÷ 60 = \$		1,500.00
					\$ \$	_		$\div 60 = \$$ $\div 60 = +\$$		
								Сору		
					Total	\$_	1,500.00	total here=>	. \$	1,500.00
36. <b>Pro</b>	No. Yes. jected rent m ce of t		all of these priority claims. Description of these priority claims on payment on the list issued by the districts in Alabama and less Trustees (for all other districts in Statled other districts in Alabama and less the control of t	the Admin North Carctricts).	ide current oristrative	\$ _ \$ _ X _	0.00	÷ 60	\$	0.00
		estructions for this form. This lis				Г		Copy tota		
Ave	rage i	monthly administrative expe	ense			:	\$	here=>		
37. <b>A</b> d	id all	of the deductions for deb	t payment. Add lines 33e t	through 36					\$	3,000.00
Total D	educ	tions from Income								
38. <b>Add</b>	d all o	f the allowed deductions.								
ex	pense	e 24, All of the expenses a a allowances		\$	7,932.94	1				
		e 32, All of the additional e		\$	606.93	3_				
Co	py lin	e 37, All of the deductions	for debt payment	+\$	3,000.00	)	ı			
То	tal de	ductions		\$	11,539.87	7	Copy total here=>	•	\$	11,539.87

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or 1 Danielle L	Downs			Case	numbe	r (if known)		
t 2: Determine	e Your Disposable Income U	nder 11 U.S.C. § 132	25(b)(2)					
	I current monthly income fro						\$	10,086.6
children. The m disability payme received in acco	onably necessary income yo nonthly average of any child su ints for a dependent child, repo ordance with applicable nonbar expended for such child.	upport payments, fost orted in Part I of Form	er care pay n 122C-1, th	ments, or at you	\$_		0.00	
employer withher in 11 U.S.C. § 54	ied retirement deductions. The ld from wages as contributions 41(b)(7) plus all required repay J.S.C. § 362(b)(19).	s for qualified retirem	ient plans, a	s specified	\$_		0.00	
. Total of all ded	uctions allowed under 11 U.S	S.C. § 707(b)(2)(A).	Copy line 38	here =>	\$	11,53	9.87	
expenses and you their expenses.	special circumstances. If spe ou have no reasonable alterna You must give your case truste and documentation for the expe	ative, describe the speece a detailed explana	eciál circum	stances and				
escribe the speci	al circumstances		Amou	nt of expen	se			
			\$					
			· \$					
			Ψ		—— 1			
		Total	\$	0.00	Copy here:		0.00	
		,						
Total a Boston						11,539.87	Сору	11 520 9
. Total adjustme	nts. Add lines 40 through 43.			=>  \$		11,339.07	here=> <b>-</b> \$	11,539.8
							_	
. Calculate your	monthly disposable income	under § 1325(b)(2).	Subtract lin	e 44 from lin	ie 39.		\$	-1,453.27
01								
Change in	Income or Expenses							
have changed o time your case v you filed your pe	ome or expenses. If the incomer are virtually certain to change will be open, fill in the information, check 122C-1 in the first, fill in when the increase occurrence.	e after the date you fi ion below. For examp st column, enter line 2	iled your bar ble, if the wa 2 in the seco	nkruptcy peti ges reported nd column,	ition a	and during the eased after	)	
rm Line	Reason for change		Dat	e of change		ncrease or lecrease?	Amount of	change
122C-1					[	Increase		
122C-2					_	Decrease	\$	
122C-1						Increase		
122C-2					[	Decrease	\$	
122C-1					_			
					_	Increase		
122C-2					_ [	☐ Increase ☐ Decrease ☐ Increase	\$	

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Debtor 1	Danielle L Downs	Case number (if known)
Part 4:	Sign Below	
	By signing here, under penalty of periury you declare that th	e information on this statement and in any attachments is true and correct.
•	by organing note, and or ponding or polyary you accord and an	
Х	/s/ Danielle L Downs	
	Danielle L Downs Signature of Debtor 1	
Date	July 19, 2023 MM / DD / YYYY	

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$78	administrative fee	
<u>+</u> \$15	trustee surcharge	
\$338	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
_	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 23-16158-SLM Doc 1 Filed 07/19/23 Entered 07/19/23 16:10:13 Desc Main Document Page 51 of 54

Captio Jenee 239 No Bldg A Parsip 973-73	ED STATES BANKR RICT OF NEW JERSE on in Compliance with D.N ciccarelli ew Rd. A Suite 301 opany, NJ 07054 37-9060 jc-lawpc.com	EY	
In Re	Danielle L Downs		Case No.:
			Chapter: 13
			Judge:
	DISCLOS	URE OF CHAPTER 13 DEBTO	OR'S ATTORNEY COMPENSATION
	ompensation was paid to the rendered or to be rendered or to be rendered D.N.J. LBR to the exclusions listed amount of \$ I under the exclusions listed amount of \$	o me within one year before the file idered on behalf of the debtor(s) in a 2016-5(b), I have agreed to accept ed below, including administrative substrated that I must demonstrate the	ol 16(b), I certify that I am the attorney for the debtor(s) and ed date of the petition, or agreed to be paid to me, for connection with this bankruptcy case is as follows:  It for all legal services required to confirm a plan, subject services that may occur postconfirmation, a flat fee in the that additional services were unforeseeable at the time of sation and reimbursement of necessary expenses.
	Legal services on bel	nalf of the debtor in connection with	th the following are not included in the flat fee:
	<ul> <li>loss mitig</li> </ul>	e debtor in: y proceedings, gation/loan modification efforts, firmation filings and matters brough	ght before the Court.
	I have received:		\$
	The balance	due is:	\$
	The balance	■ will □ will not be paid through the	the plan.
	case, an hourly fee of services to this client	f \$ <b>450.00</b> . The hourly fee charg range from \$ <b>195.00</b> to \$ <b>450</b>	t for legal services provided on behalf of the debtor in this ged by other members of my firm that may provide 60.00 . I understand that I must receive the Court's sacase post petition pursuant to D.N.J. LBR 2016-1.
	I have received:		\$ _ 3,860.00_
2.	The source of the fun	ads paid to me was:	
	■ Debtor(s)	☐ Other (specify below	v)
			· <b>,</b>

	Case 23-16158-SLN			Entered 07/19/23 16:10:13 age 52 of 54	Desc Main	
3.	If a balance is due, the source of future compensation to be paid to me is:					
	■ Debtor(s)	□ Othe	er (specify below	<b>'</b> )		
		empensation wit	h a person(s) wh	ith another person(s) unless they are no is not a member of my law firm, as attached.		
prior to	r(s) as needed. If possible,	Debtor's couns cknowledge that	el will advise D	ear at hearings on their behalf in lieu ebtor(s) of the use of coverage coun sel may not be a member of my firm	sel for any hearings	
	De	btor(s) Initials	De	btor(s) Initials		
		All appearance		may appear at hearings on their beh Debtor(s) matter will be made by me		
	De	btor(s) Initials	De	btor(s) Initials		
6.	The Debtor(s) have review	ewed this Disclo	osure and it is co	onsistent with the terms of the Retain	ner Agreement.	
Date:	July 19, 2023		/s/ Danielle L D Danielle L Dow Debtor			
Date:						
			Joint Debtor			
Date:	July 19, 2023		/s/ Jenee Cicca			
			Jenee Ciccarel			
			Debtor's Attorne	ey		

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### United States Bankruptcy Court District of New Jersey

	Case No.	
Debtor(s)	Chapter	13
FICATION OF CREDITOR	R MATRIX	
at the attached list of creditors is true and	correct to the best	of his/her knowledge.
	FICATION OF CREDITOR	

Signature of Debtor

Mohela/dept Of Ed 633 Spirit Drive Chesterfield, MO 63005

Robertson, Anschutz, Schneid, Crane 130 Clinton Road, Suite 202 Fairfield, NJ 07004

Select Portfolio Servicing, Inc Attn: Bankruptcy Po Box 65250 Salt Lake City, UT 84165